UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

JUN 2 0 2002

RECEIVED

SEC USE ONLY

OMB APPROVAL

Serial 02037200

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Name of Offering (—)1 check if this is an amendment and Non-qualified Stock Options and shares of common stock Encounter Collaborative Corp.			· · · · · · · · · · · · · · · · · · ·
Filing Under (Check box(es) that apply): 2 Rule 50 Type of Filing: x7 New Filing 8 Amend	· · · · · · · · · · · · · · · · · · ·	5 Section 4(6) 6 ULOE	
	A. BASIC IDENTIFICATION D	ATA	
1.Enter the information requested about the issuer.			
Name of Issuer: Encounter Collaborative Corp. 9 chec	k if this is an amendment and name has changed	d, and indicate change.)	
Address of Executive Offices 919 SW Taylor St., Suite 600, Portland, OR 97205-2587	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (503) 321-3400	PROCESSED
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	JUL 1 8 2002
Brief Description of Business Audio and Web conferencing services		P	THOMSON FINANCIAL
Type of Business Organization		· <u>_</u>	
x10 corporation	11 limited partnership, already formed	1	ecify):
13 business trust	14 limited partnership, to be formed		
Actual or estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-k CN for Cana		x15 Actual 16 Estimated OR	
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20459.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice with a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Frydenlund, Bruce E. Full Name (Last name, first, if individual Ply SW Taylor St., Suite 600, Portland, Business or Residence Address (Name as Check Box(es) that Apply: Finnigan, Dennis Full Name (Last name, first, if individual Ply SW Taylor St., Suite 600, Portland Business or Residence Address (Name as Check Box(es) that Apply: Evans, Lawrence Full Name (Last name, first, if individual Ply SW Fifth Ave., Suite 1100, Portland Business or Residence Address (Name as Check Box(es) that Apply: SW Fifth Ave., Suite 1100, Portland Business or Residence Address (Name as Check Box(es) that Apply: Check Box(es) that Apply: SW Fifth Ave., Suite 1100, Portland Business or Residence Address (Name as Check Box(es) that Apply: Reed, Mark Full Name (Last name, first, if individual Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business or Residence Address (Name as Check Box (Portland, Business (Portland, Business (Portland, Business (Portland, Business (Portland, Business (Portland, Business (Portland, B	OR 97205-258 and Street, City, 2 Promoter al) OR 97205-25 and Street, City 7 Promoter al)	X23 Beneficial Owner X28 Beneficial Owner X28 Beneficial Owner	X19 Executive Officer X24 Executive Officer	X20 Director X25 Director	21 General and/or Managing Partner 26 General and/or Managing Partner 31 General and/or Managing Partner
Full Name (Last name, first, if individual D19 SW Taylor St., Suite 600, Portland, Business or Residence Address (Name a Check Box(es) that Apply: Finnigan, Dennis Full Name (Last name, first, if individual Business or Residence Address (Name a Check Box(es) that Apply: Evans, Lawrence Full Name (Last name, first, if individual Business or Residence Address (Name a Check Box(es) that Apply: Evans, Lawrence Full Name (Last name, first, if individual Business or Residence Address (Name a Check Box(es) that Apply: Check Box(es)	OR 97205-258 and Street, City, 2 Promoter al) OR 97205-25 and Street, City 7 Promoter al)	X23 Beneficial Owner X28 Beneficial Owner X28 Beneficial Owner			26 General and/or Managing Partner
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19 SW Taylor St., Suite 600, Portland, Business or Residence Address (Name a	al)				
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	7 Promoter	38 Beneficial Owner	39 Executive Officer	X40 Director	41 General and/or Managing Partner
Hopper, Edwin	1)		·		
ull Name (Last name, first, if individua	ai)	·			
19 SW Taylor St., Suite 600, Portland Business or Residence Address (Name					
Check Box(es) that Apply:	2 Promoter	43 Beneficial Owner	44 Executive Officer	45 Director	46 General and/or Managing Partner
Full Name (Last name, first, if individue	al)				
Ducinees or Peridence Address (No	and Street Cit	v State 7in Code			
Business or Residence Address (Name	and Street, City	y, state, Lip Code)	•		*

A. BASIC IDENTIFICATION DATA

(Check "All S	States" or check	individual State	es)									157 All States
158 AL 171 IL 184 MT 197 R1	IN I 185 NE I 198 SC	160 AZ 173 IA 186 NV 199 SD	161 AR 174 KS 187 NH 200 TN	☐162 CA ☐175 KY ☐188 NJ ☐201	163 CO 176 LA 189 NM 202 UT	164 CT 177 ME 190 NY 1203 VT	165 DE 178 MD 191 NC 204 VA	166 DC 179 MA 192 ND 205 WA	167 FL 180 MI 193 OH 206 WV	☐168 GA ☐181 MN ☐194 OK ☐207 WI	☐169 HI ☐182 MS ☐195 OR ☐208	170 ID 183 MO 196 PA 1209 PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	•		
		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) present provisions of such rule?	tly subject to any of the disqualification	
	Se	ee Appendix, Column 5, for state response.	
2.	. The undersigned issuer hereby undertakes to furnish to any state required by state law.	administrator of any state in which this notice is filed, a notice on Form	m D (17 CFR 239.500) at such times as
3.	. The undersigned issuer hereby undertakes to furnish to the state ac	dministrators, upon written request, information furnished by the issuer t	to offerees.
4.	,	the conditions that must be satisfied to be entitled to the Uniform Lim- er claiming the availability of this exemption has the burden of estab	• • • • •
The	he issuer has read this notification and knows the contents to be true as	and has duly caused this notice to be signed on its behalf by the undersign	ned duly authorized person.
	Issuer (Print or Type) Encounter Collaborative Corp.	Signature 2	Date June 14, 2002
N	Name of Signer (Print or Type)	Title of Signer (Print or Type)	
В	Bruce E. Frydenlund	President	

President

Print the name and title of the signing representative under his signature for the state potion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

SEC 1972 (2/99) C:\windows\TEMP\Form D 1999.doc 7 of 9

APPENDIX

1	Inten to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA	х		Common stock \$ 43,000						х
СО		x	Common stock \$50,000						X
СТ								_	
DE									
DC									
FL									
GA									
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